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Evidence is important to guide humanitarian action in healthcare

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Natural disasters and violent conflict can cause severe disruption in affected communities. Apart from trauma casualties, civilians suffering from acute medical conditions will need healthcare. Large population displacement and prolonged crisis increase the risk of malnutrition among children and other vulnerable groups. The capacity of existing facilities can be limited in low income areas, causing humanitarian emergencies to overwhelm health services.

When resources match needs, aid should be effective at preventing and resolving a possible public health crisis in the wake of disaster. Specialised international organisations, called upon for assistance, should agree with local authorities and resident providers on a common approach to health priorities. However, previous health system deficiencies, causing inequitable access to essential services, may continue to exist. When the emergency phase is over, health structures based on cost recovery may find it difficult to reintroduce patient charges. Strengthening the system is an essential part of recovery and reconstruction.

Initial strategic choices are important, because investing new resources requires budgets to be allocated and spent. In large scale protracted emergencies, regardless of the available funding, these resources may not be readily available. Population displacement and communicable disease outbreaks can change needs dramatically over a short period of time. Although prevention is the aim, health workers have limited influence on the environment in crisis, and rapid response may be the first option. These limitations add to the challenge of humanitarian aid, and complicate the evaluation of results.

Measuring the effectiveness of humanitarian aid on healthcare provision requires comprehensive information. While demographic data are essential for planning in every sector, knowledge about risk factors for public health and descriptive epidemiology are indispensable for mapping disease. To prevent, control or mitigate outbreaks, the health sector needs information about the health system, including methods and quality of service delivery.

The United Nations High Commission on Refugees collects health services data and monitors the health and nutritional status of people living in refugee camps. These findings have guided public health action in emergencies with large population displacement. Although free living populations in crisis face health problems similar to refugees, priorities for action and service delivery may differ. Logistical and cost considerations may prevail over equity concerns.

Obtaining data reflecting the effectiveness of health services in unstable environments can be difficult when many stakeholders are involved. Humanitarian workers are requested to systematically collect process information for administrative purposes. However, are such data accurate, and do they really measure effectiveness?

Without reliable baseline data, measuring the impact of interventions is tentative at best. Decisions about what to do, when, and how much, should be based on epidemiological evidence. Depending on the quality, previous information from routine surveillance and monitoring

systems may be useful at the start of a crisis. Expert observations during short visits to a few facilities can provide an initial indication of resources and essential requirements.

Reliable and replicable data collection methods should be used throughout every humanitarian crisis. To increase the accuracy and usefulness of monitoring systems, humanitarian organisations should agree on a core set of data that can be collected without overburdening health workers. An independent organisation specialising in assessment, monitoring and evaluation of humanitarian action using standardised, validated, evidence-based methodologies would improve the quality of evidence. However, the strategic interests of different stakeholders may jeopardise this option.

To build a scientific evidence base, operational research can resolve bottlenecks in service provision. The choice of research methods in crisis environments depends on the problem under scrutiny, as well as on practical considerations. To avoid adding work and unnecessary disruption of services, minimum sample sizes should be respected. Ethical guidelines must be applied, and informed consent must be obtained from research subjects.

Research focussed on limited aspects of healthcare in key service areas can offer insight into related problems. For example, measuring the gap in emergency obstetric services can help estimating uncovered needs in other emergency departments, such as paediatrics. Vaccination coverage indicates access to preventive services, which as part of primary healthcare should be free of charge. Thus, low uptake of childhood vaccination would suggest barriers to access other than user fees. This may be important, for example, in the social marketing of family planning, or bed net distribution.

The challenge of improving the quality of evidence for action in the health sector in crisis environments can be overcome through rigorous operational research. Questions to be addressed mostly relate to the provision of specific health services in a particular context. For example, although there is widespread agreement on the need to strengthen national health systems, ways of achieving this may differ. In some conflict-affected countries, the existing health system may need a fundamental reform to meet the needs of the population. If this is the case, setting up services separate from, and even parallel to the national system, may be the quickest and most effective way of reaching those who need urgent healthcare. At the same time, such parallel services may further weaken the system by attracting health workers with better working conditions.

Although these and other questions regarding the provision of health services have been scarcely researched, decisions have to be made when humanitarian assistance is needed. The financial and human cost of doing it wrong is too high to ignore. Analysis and use of available information, together with purposeful data collection in the context of operational research, are essential elements of good practice in humanitarian aid.

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